TRAVEL EXPENSE CLAIM STD. 262 (REV. 7/1/2008) CLAIMANT'S NAME						structions and *Privacy ment on Reverse Side				Page 1		of		Pages
			•			SSAN OR EMPLOYEE NUMBER*				DEPARTM	ENT			
	yd Th								Community Services and Development					
POSITIO	DN	CB/ID NO.			DIVISION OR BUREAU						INDEX NUMBER / PCA			
Director RESIDENCE ADDRESS*						Executive				0100/50010				
RESIDE	NCE ADDRE	ESS*				700 North Tenth Street						TELEPHONE NUMBER		
													(916) 341-4300	
CITY			STATE ZIP CODE			Sacramento, CA						ZIP CODE 95811-0336		
(1) MONTH/YEAR (3)														
Mar-Apr-09		LOCATION	(4) (5) MEALS		MEALS	0.T., LT,	(7) (A) (B)		TRANSPORTATION (C) (D)		(D)	(8) BUSINESS	(9)	
2)		Where Expenses	LODGING	Break-		N/C, Reio.	INCIDEN- TALS	Cost of	Туре	Carfare, Tolls,	Private	Car Use	EXPENSE	TOTAL EXPENSES
DATE	TIME	Were Incurred	<u> </u>	fast	Lunch	or Dinner	ļ 	Trans.	Used	Parking	Miles	Amount		FOR DAY
3/12	1100	Agency Meeting							PC	10.00	3	14.5 -0.00	er-	11.65
4/14	1600	Sogramonto to Son Francisco	100.40			40.00			TOLL	F0.00	95	52,75	4	3/2-6
	1000	Sacramento to San Francisco	189.42			18.00			PC	53.02	10	0,00		- \$260:44 -
4/15	0700	San Francisco	189.42			18.00	6,00		PC	49,02		0.00	77.20	\$339.64
4/16	0700	San Francisco	189.42			l	6.00		PC	49.02		0.00		\$244.44
4/17	0700-1700	San Francisco to Sacramento		!	10.00				PC	4,00	95	52.25 -0.00	ep	66.25
					10100						, ,	l'''		
4/20	0900	Sacramento	 						PC	4.50		0.00	Ct-	\$4.50 182.15
4/23	1030	Sacramento to Santa Barbara	163.90		10.00				PC		15	-0.00		\$ 173.90
4/24	1700 4 -1890-	Santa Barbara to Sacramento			10.00		6,00		PC		15	8.25 -0.00	cx	24.25
			 							- "		0.00		\$0.00
												0.00		\$0.00
401												0.00		\$0.00
SUBTOTALS		732.16	0.00	30.00	36.00	18.00	0.00		169.56	0	122.65 0.00	<i>4</i> 77.20	1185.57	
COL	UMN COL	DE (ACCTG, USE ONLY)						0.00		100.00		0,00	17.20	\$1,002IVE
		LAIM TOTAL						٠	-				\$	185.57 1 002.92
11) PUR	POSE OF TR	RIP, REMARKS AND DETAILS (Attach re	celpts/vouch	ners when	required)							(12) NOR	MAL WORK HO	DURS
/12 - A	gency meeti	ing w/ Kim Belshe' - Lost receipt								Cx 0800-1700				
-14-4-1	7 - Cal/Nev	a Conf in San Francisco - Speaker -	190 round (rip milea	ge to SF0	74-14-	95 mile	5 -4	-17-9	75 mil	es)	(13) PRIVA	TE VEHICLE LIC	ENSE#
-14-4-1	7 - Bridge T	Foll \$4.00 - Lost Receipt.				<u> </u>		F=1, F=- /^	== 13 /EZ	r>		5AM77	'04	
l/15 - C	onference c	all with Agency - Kim Belshe' - Busi	ess Expense RECEI						EIVE SD	U		(14) MILEAGE RATE CLAIMED		
4-20 - Meeting w/ Senator Wes Chesboro						ADD 0 0 9000						≈ 0.585 0.55		
\$/23 - 4 <i>i</i>	24 - Attend	meeting and awards dinner at Com	munity Actio	on Comm	ission of	Santa Barba	ra County	Paris o	3 - 25 -	1(3,7		AGEN	CY ACCOUNT	ING OFFICE
		es round trip to airport						ACCO		NG			USE ONL	.Y
Sta	te of California	IFY that the above is a true statement of the i. If a privately owned vehicle was used, and reater than the rate claimed, and that I have r	If mileage rate	s exceed th	e minimum	rate, I certify th	at the cost of	operating the	a vehicle			PAID BY R	EVOLVING FUND	CHECK NUMBER
075	4 pertaining to	vehicle safety and seat belt usage.		(escuped by	y SAM Sections	0700, 0751, 0	1152, 0753 a	ina		·		Γ	
CLAIMA >			•		r/n 1	(16) SIGNAT	DE OFF	ERAPPRO	VING-FRA	VEL AND PAY	MENT		29	109
17) SPE	CIAN-EXPENS	- ATAORIZATION - SIGNATURE AND TIT	LE,9.(See Ilem	17 on reve	orse)_		, , ,	7 4	No. of the last	<u> </u>			DATE	
·>		Chief	- Des7	Whu		Meder							4/291	09
-	15/			-			-							
										•				